PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
									101	15	9808	37
		CLAIMS A	AS FILED -			· ·	_	SMALL ENT	FITY	OR	OTHER	THAN
U.S	NATIONAL	STAGE FEES	(Column	<u>11)</u>	T (	(Column 2)	٦		T	<b>1</b>		<u></u>
	SIC FEE	JIAOLILL	201011 ENT				4	RATE	FEE	1	RATE	FEE
		<del></del>	SMALL ENT.		ļ.:- <u>.</u>	GE ENT. = \$ 300 other situations =	1	BASIC FEE	<u> </u>	OR	BASIC FEE	300
EXA	AMINATION FE	.E	(4) = \$ 50 / U.S. is ISA = \$	/\$ 100 ` ′	\$	\$ 100 / \$ 200		EXAM. FEE	<u> </u>	] '	EXAM. FEE	200
	ARCH FEE	· · · · · · · · · · · · · · · · · · ·	U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4	untries =	ALL O	other situations = \$ 250 / \$ 500		SEARCH FEE		-	SEARCH FEE	400
FEE	FOR EXTRA S	SPEC. PGS.	<u> </u>	us 100 =		/ 50 =	]	X \$ 125 =	. '	1 '	X \$ 250 =	<b></b>
TOT.	TAL CHARGEAE	BLE CLAIMS	34min	nus 20 =	*	14	1.	X \$ 25 = .	<del></del>	OR	X \$ 50 =	700
	EPENDENT CL		<u> </u>	ninus 3 =	*		1	X \$ 100 =		OR	X \$ 200 =	
	····	IDENT CLAIM PRE				N T	1 . 1	+ \$ 180 =		OR	+ \$ 360 =	
* If	the difference	e in column 1 is I	less than zero	, enter "C	J" in co	olumn 2	1 .	TOTAL		OR	TOTAL	1400
	<del>1</del>	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST					7	SMALL E	<del></del>	OR	OTHER SMALL E	ENTITY
ENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	MBER OUSLY .	BER PRESENT DUSLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	ļ	Minus	*.**		=		X \$ 100 =		OR	X \$ 200 =	-
	FIRST PRES	SENTATION OF M	IULTIPLE DEPE	ENDENT (	CLAIM		1	+ \$ 180 =		OR	+ \$ 360 =	
						· · · · · · · · · · · · · · · · · · ·	,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_	· ·	(Column 1)		(Colum	mn 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	1.1	X \$ 25 =		OR	X \$ 50 =	, ·
AME		<del></del>	Ivilius	***		=	11	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF MI	ULTIPLE DEPE	NDENT (	CLAIM .			+ \$ 180 =	· · ·	OR	+ \$ 360 =	
		*					,	TOTAL ADDIT. FEE		OR .	TOTAL ADDIT. FEE	
*		than th				÷		·		•		
***	If the "Highest Nur If the "Highest Nur	umn 1 is less than the umber Previously Paid umber Previously Paid mber Previously Paid	id For IN THIS SPA id For IN THIS SPA	PACE is less PACE is less	s than '20' s than '3'	0', enter "20". '_enter "3"	j in th	e appropriate box	in column 1,			